

Alis Exhibit Case 1:12-cv-

B9

**PLEASE SEND CLAIMS UNDER \$500 TO THE SECURITY OFFICE AT YOUR
FACILITY FOR INITIAL PROCESSING**

This is a form to be filled out by all persons wishing to make a claim against the NH Department of Corrections pursuant to New Hampshire RSA 541:B for property loss or damages **under \$500**. The form should be completed with supporting documentation (bill, receipts, etc.) attached, and filed with the Security Office at your facility. Complete all portions of this form; if any portion is not complete the form will be returned, which will delay the processing of your claim.

NAME AND ADDRESS OF CLAIMANT:

ATTORNEY FOR CLAIMANT:

(if applicable):

PHONE NO:

NAME OF STATE AGENCY:

DATE OF INCIDENT:

AMOUNT OF CLAIM:

PLEASE STATE THE CIRCUMSTANCES SURROUNDING YOUR CLAIM. ATTACH COPIES OF ALL RELEVANT BILLS, RECEIPTS OR OTHER DOCUMENTS:

Claim is
\$50,000
X